

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000071588

FILED  
Jan 07, 2009  
Secretary of State

Entity Name: DENTAL ASSOCIATES AT WALDEN WOODS, INC.

## Current Principal Place of Business:

512 E ALEXANDER ST  
PLANT CITY, FL 33563

## New Principal Place of Business:

## Current Mailing Address:

512 E ALEXANDER ST  
PLANT CITY, FL 33563

## New Mailing Address:

FEI Number: 59-3664561

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

JACKSON, ANTHONY  
512 E ALEXANDER ST  
PLANT CITY, FL 33563 US

## Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: S ( ) Delete  
Name: VALDEZ, H R  
Address: 3006 LAKE ALLEN DR.  
City-St-Zip: TAMPA, FL 33618

Title: P ( ) Delete  
Name: JACKSON, ANTHONY  
Address: 3003 FOREST HAMMOCK  
City-St-Zip: PLANT CITY, FL 33566

Title: D ( ) Delete  
Name: JACKSON, BETTY  
Address: 3003 FOREST HAMMOCK  
City-St-Zip: PLANT CITY, FL 33566

Title: D ( ) Delete  
Name: SHORT, R R  
Address: 2320 N WALDEN PL.  
City-St-Zip: PLANT CITY, FL 33566

Title: D ( ) Delete  
Name: VALDEZ, CYNTHIA  
Address: 3006 LAKE ALLEN DR.  
City-St-Zip: TAMPA, FL 33618

Title: D ( ) Delete  
Name: SHORT, CINDY  
Address: 2320 N WALDEN PL.  
City-St-Zip: PLANT CITY, FL 33566

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change ( ) Addition  
Name: VALDEZ, H R  
Address: 1305 LITTLE ALAFIA DR  
City-St-Zip: PLANT CITY, FL 33567

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: VALDEZ, CYNTHIA  
Address: 1305 LITTLE ALAFIA DR  
City-St-Zip: PLANT CITY, FL 33567

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: H RANDOLPH VALDEZ

SECR

01/07/2009

Electronic Signature of Signing Officer or Director

Date